



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MGE/151720

PRELIMINARY RECITALS

Pursuant to a petition filed August 29, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on October 01, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether Milwaukee Enrollment Services correctly denied Petitioner's application for Medicaid benefits.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703

By: Lashaun Johnson, Income Maintenance Worker II
Milwaukee Enrollment Services
1220 W. Vliet St.
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii
Division of Hearings and Appeals

FINDINGS OF FACT


1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.

2. On June 24, 2013, Petitioner filed an application for Medicaid benefits by phone. (Exhibit 2, pg. 5)
3. On June 25, 2013, the agency sent Petitioner a notice indicating that the agency was waiting for a decision from the Disability Determination Bureau concerning her application for Medicaid under a presumptive disability. The notice further indicated that Petitioner did not need to take any action. (Exhibit 2, pgs. 6 and 7)
4. On July 19, 2013, the agency sent Petitioner another notice indicating that it was still waiting on a decision from the Disability Determination Bureau concerning her application for Medicaid under a presumptive disability. The notice further indicated that Petitioner did not need to take any action. (Exhibit 2, pgs. 8 and 9)
5. On August 13, 2013, the agency sent Petitioner a notice indicating that as of August 1, 2013, she would be eligible for Family Planning Services, but that her application for Medicaid was denied because she did not provide proof as requested. (Exhibit 2, pgs. 10-13)
6. Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on August 29, 2013. (Exhibit 1)
7. On September 3, 2013, the agency sent Petitioner a Notice of Action needed, indicating that she needed to submit a signed application for Medicaid by September 30, 2013. (Exhibit 2, pgs. 14 and 15)

DISCUSSION

At the hearing the agency indicated that Petitioner's application for Medicaid was denied, because she never submitted a signed application. However, the case comments indicated that she applied for healthcare benefits over the phone on June 24, 2013. (Exhibit 2, pg. 5)

Per §2.2 of the Medicaid Eligibility Handbook, people can apply for benefit using one of four methods:

1. ACCESS <https://access.wisconsin.gov/access/>
2. Mail-In using the Wisconsin Medicaid for the [Elderly](#)  , Blind, and Disabled Application Packet ([F-10101](#)).
3. Telephone Interview. When a request for assistance is made by phone, the filing date is not set until a signed application and/or registration form is received by the agency.
4. Face-to-Face Interview.

Per §2.5.1 of the Medicaid Eligibility Handbook, the applicant must sign, using his/her own signature either:

1. The paper application form,
2. The signature page of the Application Summary (telephone or face to face), **or**
3. The ACCESS application form with an electronic signature.

Because Petitioner applied by phone, the agency was supposed to send Petitioner an application summary with a signature page for her to sign. There is no indication in the record that this took place.

I note that the notice sent to Petitioner on August 13, 2013, indicated that her benefits were terminated because she did not provide requested proof. However, the notices sent on June 25th and July 19th, both stated at the top of the second page of each notice, "No Action Needed".

Based upon the foregoing, it is found that there were processing errors at the agency.

It should be noted that at the hearing, Ms. Johnson, very kindly, provided Petitioner with another application form.

CONCLUSIONS OF LAW

The agency did not correctly deny Petitioner's application for Medicaid Benefits.

THEREFORE, it is ORDERED

That within ten days of this decision, the agency correctly process Petitioner's application, treating the date of application as June 24, 2013. If a signature is still needed, the agency shall send Petitioner an application summary and a signature page, requesting return of the signature page within ten days. The agency shall also send Petitioner any notices of proof needed, clearly stating what proof is being requested and clearly stating a due date within ten days of the notice. Upon receipt of the requested proof, the agency shall determine Petitioner's eligibility for Medicaid benefits and issue to Petitioner a new notice of decision.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

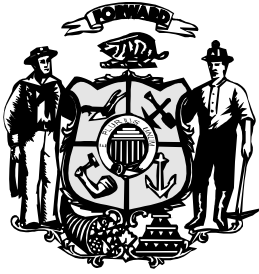
For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of

that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of
Milwaukee, Wisconsin, this 24th day of
October, 2013.

\sMayumi M. Ishii
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on October 24, 2013.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability